



Mail completed copy to:

Department of Labor and Industry
PO Box 64221
St. Paul, MN 55164-0221
(651) 284-5030 or
1-800-342-5354 (DIAL-DLI)

R-8
Notice of
Rehabilitation Plan Closure

PRINT IN INK or TYPE
Enter dates in MM/DD/YYYY format.



DO NOT USE THIS SPACE

1. DATE OF REHABILITATION CONSULTATION: (#27 on R-2)		
2. WID or SSN	3. DATE INJURY	8. QRC NAME
4. EMPLOYEE NAME		9. ADDRESS
5. DATE-OF-INJURY EMPLOYER		CITY STATE ZIP CODE
6. INSURER/SELF-INSURER/TPA	10. QRC NUMBER	11. QRC FIRM # 12. QRC PHONE #
7. INSURER CLAIM NUMBER	13. NAME OF LAST REGISTERED REHAB VENDOR 14. VENDOR #	
15. EMPLOYMENT STATUS AT PLAN CLOSURE (check one) <input type="checkbox"/> a. Employee RTW with DOI employer <input type="checkbox"/> b. Employee RTW with different employer <input type="checkbox"/> c. Employee not employed (Skip to item 21)		21. REASON FOR REHABILITATION PLAN CLOSURE (check one) (see instructions on back) <input type="checkbox"/> a. Plan completed (employee returned to suitable gainful employment) <input type="checkbox"/> b. Award on Stipulation/Mediation <input type="checkbox"/> c. Commissioner or Compensation Judge Order <input type="checkbox"/> d. Employee and insurer have agreed to close the plan <input type="checkbox"/> e. Unable to locate employee <input type="checkbox"/> f. Death of employee <input type="checkbox"/> g. QRC withdrawal
COMPLETE #16-20 IF EMPLOYEE RETURNED TO WORK		
16. EMPLOYER AT PLAN CLOSURE		22. Did employee have an attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No
17. JOB TITLE AT PLAN CLOSURE		
18. Gross weekly wage at RTW	19. RTW DATE	23. PLAN CLOSURE DATE
20. RETURN TO WORK JOB: <input type="checkbox"/> Same job <input type="checkbox"/> Modified job <input type="checkbox"/> Different job		24. Check if services provided: <input type="checkbox"/> On-the-job training <input type="checkbox"/> Retraining
25. Cost of prior QRC Firm services other than placement		\$
26. Cost of current QRC Firm services other than placement		\$
27. Cost of any job placement and job development provided by prior QRC Firm		\$
28. Cost of any job placement and job development provided by current QRC Firm		\$
29. Cost of job placement and job development by Registered Rehabilitation Vendor(s) (including CARF accredited)		\$
30. Cost of other rehabilitation services (retraining, on-the-job training, relocation, testing, etc.)		\$
31. Total cost of rehabilitation services (add 25-30)		\$

By signing this form, I certify that copies of this form and attachments are being sent to the insurer, any attorney(s), the Department of Labor and Industry, and if required to the VRU, and to the employee at the following address:

32. QRC signature	33. Date form completed

EMPLOYEE: IF YOU HAVE QUESTIONS ABOUT THE CLOSURE OF THIS REHABILITATION PLAN, CALL THE DEPARTMENT OF LABOR AND INDUSTRY AT 651-284-5032 OR 1-800-342-5354.

Instructions to QRC

The Notice of Rehabilitation Plan Closure (R-8) form must be filed with the Department of Labor and Industry within 30 calendar days of knowledge that: (see Minn. Rules 5220.0510, subps. 7 and 7a)

- a. the employee has been steadily working at suitable gainful employment for 30 days or more, or the time period provided for in the plan
- b. the employee's rehabilitation benefits have been closed out by an award on stipulation or award on mediation
- c. the commissioner or a compensation judge has ordered that the rehabilitation plan be closed and there has been no timely appeal of that order
- d. the employee and insurer have agreed to close the rehabilitation plan
- e. the QRC has been unable to locate the employee following a good faith effort to do so
- f. the employee has died
- g. the QRC decides to withdraw after the insurer has provided written notice to the employee, the employee's attorney, the commissioner, and the QRC that the insurer is denying further liability for the injury for which rehabilitation services are being provided. **In this situation, the QRC must file the R-8 and attach a copy of the insurer's notice of denial, copying appropriate parties, including a separate copy to the Department's Vocational Rehabilitation Unit.**

NOTE: This does not apply if a claim petition, objection to discontinuance, request for an administrative conference, or other document initiating litigation has been filed on the liability issue. If one of these documents has been filed and the QRC decides to withdraw, the QRC shall document the withdrawal by filing a Rehabilitation Plan Amendment (R-3).

ATTACH A CLOSURE REPORT SUMMARIZING SERVICES PROVIDED. (see Minn. Rule 5220.0510, subp. 7(4))

Send copies of the R-8 to the employee, insurer, and attorney(s). If the insurer is denying further liability, send a separate copy addressed to the Department's Vocational Rehabilitation Unit.

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call (651) 284-5030 or 1-800-342-5354 (DIAL-DLI)/Voice or TDD (651) 297-4198.